



# Volunteer Team Registration

**2004 Day of Caring**

**September 10, 2004**





# Day of Caring/2004 Campaign Kickoff

## Sept. 10, 2004

### What is Day of Caring?

Day of Caring is a mobilization of hundreds of volunteers and also kicks off United Way of Thurston County's 2004 campaign. The goal of Day of Caring is to help local nonprofit agencies and their clients through volunteer work on community projects.

### When and Where Does it Take Place?

**FRIDAY, SEPTEMBER 10, 2004**

The day begins with an 8:00 a.m. celebration kickoff at the Capitol Campus sunken garden in Olympia. A continental breakfast and coffee will be provided by Costco and Starbucks. Immediately afterward, teams are dispatched to work on assigned project(s) at prearranged sites throughout Thurston County.

### How Does It Impact the Community?

Day of Caring demonstrates that volunteer efforts are vital to the well-being of our community.

Day of Caring provides volunteers with a firsthand look at services provided by local nonprofit agencies that make an impact on people lives.

Day of Caring showcases our communities' volunteer efforts and promotes the spirit of caring throughout the year.

Day of Caring provides many local agencies with much-needed volunteer assistance.

Day of Caring is a great team-building experience for your family, service organization or employees.

### Who Can Participate?

- Employee groups from local organizations or workplaces
- Civic & philanthropic groups
- Human service agency staff
- United Way supporters
- Any caring individual

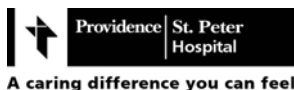
### How Is This Funded?

Day of Caring is made possible by the generous support of our event sponsors. Contact United Way of Thurston County for information on how your business can become a Day of Caring sponsor.

### For More Information:

Contact Kim Young at 943-2773 x13, or [kyoung@unitedway-thurston.org](mailto:kyoung@unitedway-thurston.org).

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## 2004 Day of Caring Team Registration

Date:\_\_\_\_\_ Company/Organization Name:\_\_\_\_\_

Mailing Address:\_\_\_\_\_

City:\_\_\_\_\_ Zip Code:\_\_\_\_\_

Project Contact Name :\_\_\_\_\_ Project Contact Phone:\_\_\_\_\_

Project Contact Email:\_\_\_\_\_

Team Leader Name (if different from Contact) : \_\_\_\_\_

Team Leader Phone: \_\_\_\_\_ Team Leader Email: \_\_\_\_\_

Please indicate the number of people on your Volunteer Team: \_\_\_\_\_

Is your team available for a full day of participation? \_\_\_ Yes \_\_\_ No

If no, please explain:

*When possible*, we try to honor your preference in terms of type of project.  
Please number by preference (1 = first choice, 6 = last choice):

\_\_\_\_\_ Painting, fix-up      \_\_\_\_\_ Cleaning      \_\_\_\_\_ Interaction with agency clients

\_\_\_\_\_ Yard work, gardening      \_\_\_\_\_ Small building project      \_\_\_\_\_ Administrative

If you have a specific agency or type of agency (i.e., children, seniors, etc.) that your team prefers, please specify:

Please list equipment your company/organization *may* have available for use during the project (i.e., backhoe, shovels, truck, painting, equipment):

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Please list any other skills or talents your team members have (i.e. plumber, carpenter, craft skills, etc.):

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If any team members have special needs, indicate below:

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*We will attempt to match each team with a project that best matches volunteer skills and interests. United Way of Thurston County reserves the right to place teams where needed in order to maximize available resources and meet as many agency requests as possible.*

Please note: No alcohol permitted at the work sites.

**Team Leader: All forms must be returned no later than July 30<sup>th</sup>, 2004.**

- Registration Form
- T-shirt Order Form
- Volunteer Release forms

Registration forms may be returned by post, fax or email.

United Way of Thurston County  
312 Fourth Avenue East  
Olympia, WA 98501

Fax: 943-2777  
Email: [kyoung@unitedway-thurston.org](mailto:kyoung@unitedway-thurston.org)  
Phone: 943-2773 x13



## VOLUNTEER TEAM LIST

United Way of Thurston County and Day of Caring Sponsors would like to demonstrate appreciation for your volunteerism with a Day of Caring T-shirt. Many thanks to our corporate sponsors who contributed funds to defray the costs of this event!

Please list the names and T-shirt size for each team member.  
Also attach a **Volunteer Release Form** for each team member.

Team Leader	Release Form	T-Shirt Size:				
_____	<input type="checkbox"/>	S	M	L	XL	XXL
<b>Volunteer Names &amp; Sizes</b>						
1. _____	<input type="checkbox"/>	S	M	L	XL	XXL
2. _____	<input type="checkbox"/>	S	M	L	XL	XXL
3. _____	<input type="checkbox"/>	S	M	L	XL	XXL
4. _____	<input type="checkbox"/>	S	M	L	XL	XXL
5. _____	<input type="checkbox"/>	S	M	L	XL	XXL
6. _____	<input type="checkbox"/>	S	M	L	XL	XXL
7. _____	<input type="checkbox"/>	S	M	L	XL	XXL
8. _____	<input type="checkbox"/>	S	M	L	XL	XXL
9. _____	<input type="checkbox"/>	S	M	L	XL	XXL
10. _____	<input type="checkbox"/>	S	M	L	XL	XXL

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## VOLUNTEER RELEASE FORM

**Please return completed Release Form to your Team Leader promptly!**

**Company/Organization:** \_\_\_\_\_

**Volunteer Name:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_  
(Please print or type)

**Emergency Contact:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_

**LIABILITY RELEASE** - I hereby release, indemnify and hold harmless United Way of Thurston County, the organizers, the agency at which I volunteer and sponsors and supervisors of all activities, from any and all liability for any injury I may suffer (including any injury caused by negligence) in conjunction with Day of Caring on Friday, September 10, 2004. I likewise hold harmless from liability any person transporting me to or from any United Way activity.

I also certify that I am in good health and able to participate in the program activities on September 10, 2004. I certify that I am 18 years of age or older and am competent to contract my name insofar as the above is concerned. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COMMUNICATIONS RELEASE** - I hereby waive any claim to the rights to the video and/or photographic recording(s) made of me on Day of Caring by United Way of Thurston County or its agency(s), hereafter referred to as United Way, to said United Way. I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and/or nonprofit use and distribution of said recording(s) for purposes deemed suitable by United Way.

I hereby waive any right to approve the finished products. I hereby certify that I am 18 years of age or older and am competent to contract my own name insofar as the above is concerned. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENTAL CONSENT/RELEASE** - If the individual is a minor (under 18 years of age), the following should be signed by a parent or legal guardian.

I hereby consent and agree, individually and as a parent or legal guardian of to all the terms and provisions above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_ **Relationship to minor:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_